State of Tennessee
Department of Children's Services
7th Floor Cordell Hull Building
436 6th Avenue North
Nashville, TN 37243-1290
1-800-600-4999 or 532-4999 in Nashville area

Standard Claim Invoice Instructions
for paying personal allowance

Version 1 - Former Claim Form 11

==**PA - Personal Allowance and Clothing Allowance**==

NOTE: You can have multiple months on each form but not multiple vendors (Only 1 vendor per claim), Only 1 month per line:

These claims require two signatures: DCS Case Manager and the designated regional account clerk:

- **Form must be typed.**

- **Vendor Name =** The name of the child that will receive payment.

- **Vendor Address =** The address of where the child will receive payment. (**Child's residence**)

- **City =** The name of the city where the child is located that will receive payment.

- **State =** The state where the child is located that will receive payment.

- **Zip =** The zip code where the child is located that will receive payment.

- **Vendor Tax ID =** The 12 digit social security number of the child which includes prefix (V) & suffix (00). This social security number must match the social security number on STARS (State of Tennessee Accounting and Reporting System) for the address listed on the invoice. **If the child is a new vendor and has never received payments of any kind through the state, a w-9 must be sent to us immediately in order to get them set up in stars. In the event you are not certain the child is a new vendor, you should first verify the social security number in stars.** ==*When completing a W-9 the child's name <u>only</u> goes under Name, then the address of the child, and phone number of the child. Circle number " 3" then put the child's SS number in the space provided. Under type of service mark the box for other and put this is for Personal allowance for the above child. If the child is not old enough to sign, then sign the child's name by and then your name.*==

- **Provider Code = PA = Personal Allowance**

- **Contract Number = Not required for provider code PA , (Leave this field blank).**

- **Rate = Not required for provider code PA, (Leave this field blank).**

- **Vendor Signature =** an **_original_** signature is required from the vendor before any payment can be made. If the child is under age, you can sign the child's name then put "by" and your name.

- **Print Name =** The printed name of the person signing the vendor signature. If child is under age, you can print the child's name then put "by" and print your name.

- **Date Signed =** The date in MM/DD/YYYY format, including slashes, that the vendor signature was obtained.

- **Phone =** The phone number including area code of the person signing the vendor signature.

- **Service Provider = Not required for provider code PA, (Leave this field blank)**

- **Total Amount of All Pages =** This amount must equal the total of all pages that make up this invoice. Generally this type of invoice will only be one page.

- **Last Name =** Child's last name for whom the goods and/or services were provided.

- **First Name =** Child's first name for whom the goods and/or services were provided.

- **MI =** Child's middle initial for whom the goods and/or services were provided.

- **Child SSN =** Child's social security number for whom the goods and/or services were provided.

- **Birth Date =** Child's birth date for whom the goods and/or services were provided. This must be MM/DD/YYYY format including slashes.

- **Sex =** Child's sex code **M** or **F** (male or female) for whom the goods and/or services were provided.

- **Proc Code =** Procedure code for Personal Allowance is **601,** Clothing Allowance is **602.**

- **Allot Code = 30**

- **County Code =** The two digit county code of the actual county where the goods were purchased or where the services were performed.

County Code Table

01 Anderson	21 Dekalb	41 Hickman	61 Meigs	81 Stewart
02 Bedford	22 Dickson	42 Houston	62 Monroe	82 Sullivan
03 Benton	23 Dyer	43 Humphreys	63 Montgomery	83 Sumner
04 Bledsoe	24 Fayette	44 Jackson	64 Moore	84 Tipton
05 Blount	25 Fentress	45 Jefferson	65 Morgan	85 Trousdale
06 Bradley	26 Franklin	46 Johnson	66 Obion	86 Unicoi
07 Campbell	27 Gibson	47 Knox	67 Overton	87 Union
08 Cannon	28 Giles	48 Lake	68 Perry	88 Van Buren
09 Carroll	29 Grainger	49 Lauderdale	69 Pickett	89 Warren
10 Carter	30 Greene	50 Lawrence	70 Polk	90 Washington
11 Cheatham	31 Grundy	51 Lewis	71 Putnam	91 Wayne
12 Chester	32 Hamblen	52 Lincoln	72 Rhea	92 Weakley
13 Claiborne	33 Hamilton	53 Loudon	73 Roane	93 White
14 Clay	34 Hancock	54 McMinn	74 Robertson	94 Williamson
15 Cocke	35 Hardeman	55 McNairy	75 Rutherford	95 Wilson
16 Coffee	36 Hardin	56 Macon	76 Scott	99 Out of State
17 Crockett	37 Hawkins	57 Madison	77 Sequatchie	
18 Cumberland	38 Haywood	58 Marion	78 Sevier	
19 Davidson	39 Henderson	59 Marshall	79 Shelby	
20 Decatur	40 Henry	60 Maury	80 Smith	

- **CFA Y/N = Not required for provider code PA (Leave this filed blank)**

- **Vendor Invoice # = Not required for provider code PA (Leave this field blank)**

- **Service Start Date =** Date service stared. <u>This must be MM/DD/YYYY format including slashes</u>

- **Service End Date =** Date service ended. <u>This must be MM/DD/YYYY format including slashes</u>. Note: both the service start date and the service end date must be completed even if they are the same date.

- **Unit =** For Provider Code PA the unit is always <u>**1.**</u>

- **Amount =** *For 601* **Not to exceed $30.00 per month. If paying for a full month the amount will be $30.00. If partial month the amount will be pro-rated based on a 30 day month. For example if paying for Feb. and the placement disrupted before the end of the month You still divide $30.00 by 30 days not 28 days to get the daily amount to pay which will always be $1.00 per day.**

- **Amount =** *For 602,* **The amount billed must equal the amount established in the guidelines for these goods and services as indicated below?**

Ages 3-4	**$16.50 Monthly**
Ages 5-12	**$23.66 Monthly**
Ages 13 – Over	**$34.00 Monthly**

The above rates with supersede the semi-annual amounts normally given for clothing allotments. If partial month, the amount will be pro-rated based on a 30 day month. For example, if paying for February and the placement disrupted before the end of the month, you divide the monthly amount by 30 days not 28 days to get the daily amount to pay multiplied by the number of placement days for the disrupted month.

- **Page __of___ =** The first blank equals the current page number and the second blank equals the total number of pages in the invoice. Example Page 1 of 1.

- **Page Total =** The page total must equal the sum of the amount column.

- **DCS Case Manager =** The signature of the case manager authorizing this payment.

- **Date =** The date the case manager signed authorizing this payment. Must be in MM/DD/YYYY format including slashes.

- **Position # =** The complete 18 digit position number of the case manager authorizing this payment.

- **Print Name =** The printed name of the case manager authorizing this payment.

- **Phone =** The day time phone number of the case manager authorizing this payment.

- **Regional Account Clerk =** The signature of the designated regional account clerk authorizing this payment.

- **Date =** The date the case supervisor signed authorizing this payment. Must be in MM/DD/YYYY format including slashes.

- **Position # =** The complete 18 digit position number of the case manager authorizing this payment.

- **Print Name =** The printed name of the case supervisor authorizing this payment.

- **Phone =** The day time phone number of the case supervisor authorizing this payment.

- **DCS Case Signature =** Central office approving signature.

- **Date =** The date the person in central office signed authorizing this payment. Must be in MM/DD/YYYY format including slashes.

- **Position # =** The complete 18 digit position number of the person in central office authorizing this payment.

- **Print Name =** The printed name of person in central office authorizing this payment.

- **Phone =** The day time phone number of the person in central office authorizing this payment.

- **Pre-Audit =** The signature of the person performing the pre-audit.

- **Date =** The date the person performed the pre-audit. Must be in MM/DD/YYYY format including slashes.

- **Position # =** The complete 18 digit position number of the person performing the pre-audit.

- **Print Name =** The printed name of person performing the pre-audit.

- **Phone =** The day time phone number of the person performing the pre-audit.